# MEDICAID

# MEDICARE

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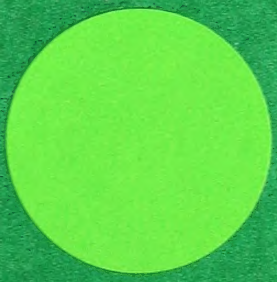

## which is which ?

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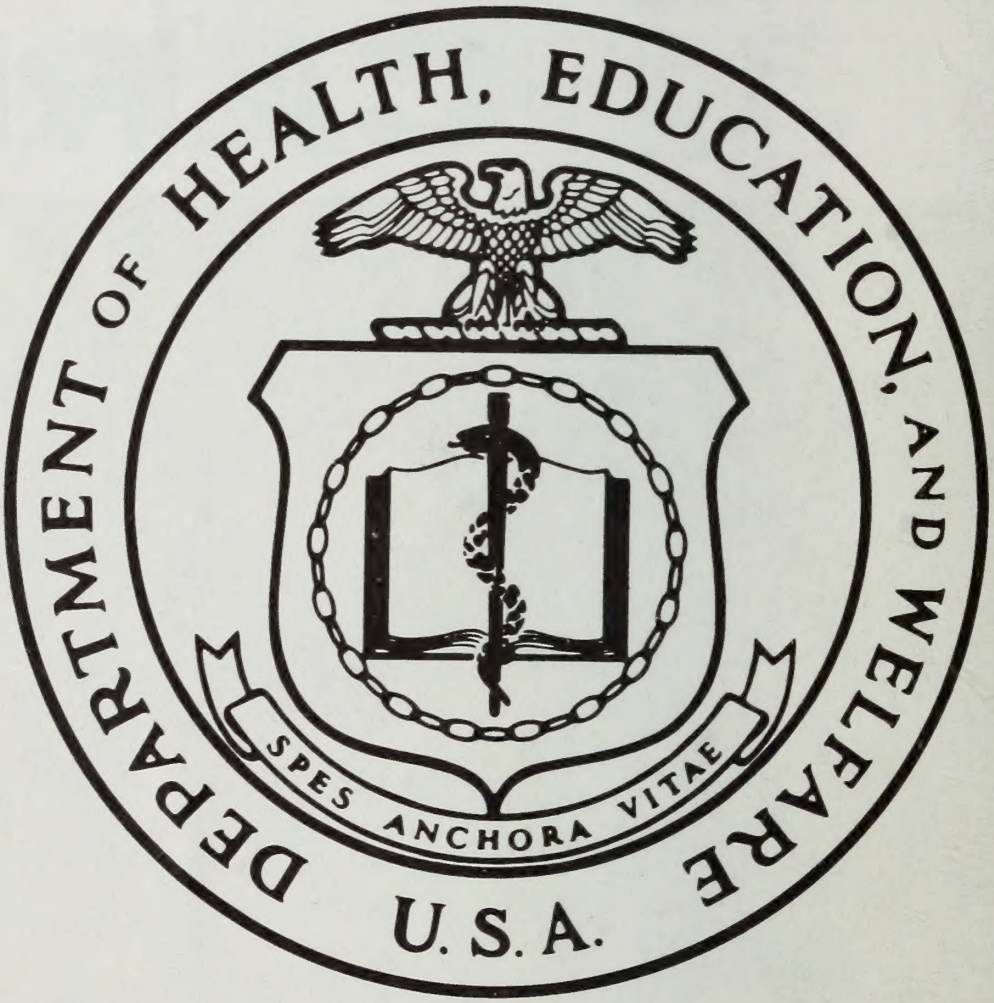
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
U.S.A.
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# MEDICAID
# MEDICARE

## which is which?

CMS Library
C2-07-13
7500 Security Blvd.
Baltimore, Maryland 21244

CAUTION ⟶

This is not a rule book for either program.

MEDICAID details are available from your Welfare Office.

MEDICARE details are available from your Social Security Office.

both MEDICARE and MEDICAID
help pay medical bills.

both MEDICARE and MEDICAID
are part of
the Social Security Act.

MEDICARE - Title 18
MEDICAID - Title 19

MEDICARE and MEDICAID
work together.

but MEDICARE
and MEDICAID
are not the same.

This book
tells the differences
between
MEDICARE and MEDICAID.

MEDICARE
is for almost everybody
65 or older
rich or poor.

MEDICARE also protects
disabled people under 65 who
have been entitled to Social
Security disability
payments for at least two
consecutive years, and certain
others with permanent
kidney failure.

Some people
can have both
MEDICARE and MEDICAID.

## MEDICAID

is for <u>certain kinds</u> of
needy and low-income people:

- the aged (65 or older)
- the blind
- the disabled
- members of families with dependent children
- some other children

Some States also include
(at State expense)
other
needy and low-income people.

MEDICARE
is an insurance program.

Money from
trust funds
pays medical bills
for insured people.

MEDICAID
is an assistance program.

Money from
Federal, State, and local taxes
pays medical bills
for eligible people.

MEDICARE
is a Federal program.

MEDICARE
is the same
all over the United States.

**MEDICAID**
is a Federal-State partnership.

States design their own
**MEDICAID** programs
within Federal guidelines.

**MEDICAID**
varies
from State to State.

MEDICARE
is everywhere
in the United States.

**MEDICAID**
is now in 49 States,
the District of Columbia,
Guam, Puerto Rico, the
Marianas, and the
Virgin Islands
Arizona does not
have a medicaid
program.

**MEDICAID** States
are listed
on pages 26 and 27.

## MEDICARE HOSPITAL INSURANCE

provides basic protection against costs of

- inpatient hospital care
- post-hospital skilled nursing facility.
- post-hospital home health care

## MEDICARE MEDICAL INSURANCE

provides supplemental protection against costs of physicians' services, medical services and supplies, home health care services, outpatient hospital services and therapy, and other services.

MEDICAID
pays for at least
these services:

- inpatient hospital care
- outpatient hospital services
- other laboratory and X-ray services
- skilled nursing facility services
- physicians' services
- screening, diagnosis, and treatment of children under 21
- home health care services
- family planning services
- rural health clinic services

In many States
MEDICAID pays for such
additional services as dental
care, prescribed drugs, eye
glasses, clinic services,
intermediate care facility services,
and other diagnostic, screening,
preventive, and rehabilitative
services.

## MEDICARE

pays part - but not all - of hospital and other health care expenses for people who are insured.

## HOSPITAL INSURANCE

pays covered inpatient hospital costs, for example, except for the first $144 in each benefit period.*

## MEDICAL INSURANCE

generally pays $4 out of each $5 of reasonable medical charges except for the first $60 in each calendar year. It does not pay any of the first $60.

* Additional patient costs are applied for hospital stays beyond 60 days in a benefit period and for long stays in a skilled nursing facility.

MEDICAID can pay what MEDICARE does not pay for people who are eligible for both programs.

MEDICAID can pay the $144 and other costs that MEDICARE does not pay for people who are eligible.

MEDICAID can pay the first $60 per year of medical care expenses and can pay what MEDICARE does not pay of the remaining reasonable charges for eligible people.

## MEDICARE HOSPITAL INSURANCE

is financed by payroll contributions.

## MEDICARE MEDICAL INSURANCE

is financed by monthly premiums paid by the insured person and the Federal Government. The Government pays about 75% of the costs. The monthly premiums now are: $7.70* from each insured person.

**MEDICAID** can pay this $7.70* for eligible people.

*After July 1, 1978, $8.20

## MEDICAID

is financed by
Federal and State
governments.

The Federal Government
contributes from
50% (to the richest States)
to 78% (to the State with the
lowest per-capita income)
of medical care costs for
needy and low-income people
who are aged, blind, disabled,
under 21, or members of families
with dependent children.

States pay the remainder,
often with help from
local governments.

MEDICARE
paid medical bills last year
for nearly 14½ million people

HOSPITAL INSURANCE
protected almost 25½ million peopl

About 25 million people
were also signed up for
MEDICAL INSURANCE.

This means that
more than
11%
of all the people
in the United States
have the protection of
MEDICARE

## MEDICAID

paid medical bills last year
for more than 21½ million people
who were aged, blind,
disabled, under 21, or
members of families with
dependent children.

In addition, some States paid
medical bills for low-income
people not aged, blind,
disabled, under 21, or
members of families with
dependent children.

MEDICARE
is run
by the Federal Government.

The Medicare Bureau
of the
Health Care Financing Administration
of the United States Department of
Health, Education, and Welfare
is responsible for
MEDICARE.

MEDICAID
is run
by State governments
within Federal guidelines.

The Medicaid Bureau
of the
Health Care Financing Administration
of the United States Department of
Health, Education, and Welfare
is responsible for
Federal aspects of MEDICAID.

both MEDICARE and MEDICAID

- insist on high standards
- support development of needed services
- encourage innovation in medical care delivery
- require review of care
- promote cost containment

and, in addition, MEDICAID

- requires that medical services be available to all eligible people in a State
- trains and employs neighborhood people as community health workers

thus MEDICARE
and MEDICAID
benefit everybody
by improving the
quality, the quantity,
the efficiency, the
availability, and the
effectiveness of
medical services
in the United States.

# MEDICARE has been everywher

# MEDICAID is now-May 1978-

These 32 MEDICAID programs cover people w
Children and Supplemental Security Income,

Arkansas
California
* Connecticut
District of Columbia
* Guam
* Hawaii
* Illinois
Kansas
Kentucky
Maine
Maryland
Massachusetts
Michigan
* Minnesota
Montana
* Nebraska

These 21 MEDICAID programs cover only
Dependent Children and Supplemental

Alabama
Alaska
* Colorado
Delaware
Florida
Georgia
Idaho
* Indiana
Iowa
Louisiana

* These States do not use national SSI
resources to determine Medicaid eligibility.
usually stricter.

n the United States since 1966.

everywhere except Arizona.

re eligible for Aid to Families with Dependent
ell as some other low-income people.

* New Hampshire
New York
* North Carolina
North Dakota
* Oklahoma
Pennsylvania
* Puerto Rico
Rhode Island
Tennessee
* Utah
Vermont
* Virgin Islands
* Virginia
Washington
West Virginia
Wisconsin

eople who are eligible for Aid to Families with
ecurity Income.

* Mississippi
* Missouri
Nevada
New Jersey
New Mexico
* Ohio
Oregon
South Carolina
South Dakota
Texas
Wyoming

tandards for age, disability, income and
nstead, they use their own standards that are

## Discrimination Prohibited

Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." MEDICARE and MEDICAID must be operated in compliance with this law.

to apply for
MEDICARE
go to your
Social Security Office.

CMS Library
C2-07-13
7500 Security Blvd.
Baltimore, Maryland 21244

to find out where
to apply for
MEDICAID
call your
Welfare Office.

CMS LIBRARY
3 8095 00011158 9

United States Department of
Health, Education, and Welfare
Health Care Financing Administration
HCFA Pub. No. 20010 (7-79)